APPLICATION FOR REGISTRATION

REGISTERED ENVIRONMENTAL ASSESSOR II

STATE OF CALIFORNIA OFFICE OF ENVIRONMENTAL HEALTH HAZARD ASSESSMENT (OEHHA) REGISTERED ENVIRONMENTAL ASSESSOR II (REA II) APPLICATION FORM

Information on this form must be legible, typed or printed. Resumes are not acceptable in lieu of completing this form. A nonrefundable application review fee of \$125.00, payable to "OEHHA - REA II", must be enclosed with your application.

Are you an REA I?

If so, please enter your REA I registration number: ______. If you are registered as an REA I, you do not have to complete question 3 of Section 2 of this application. Section 1 - General Information REGISTRATION NUMBER: REA II -(For OEHHA use only) 1. Mr./Ms./Dr. (Circle one) Name: _ (First) (Middle) (Last) 2. POSITION: 3. COMPANY NAME: 4. MAILING ADDRESS: OEHHA will use the address provided here for all correspondence, and will list this address on the REA II website. The following is a business address θ home addess θ : Street: City: _____ State: ____ Zip: ____ Telephone: FAX: _____ 5. E-MAIL ADDRESS: 6. SOCIAL SECURITY NUMBER: Refer to the attached Information Collection, Access and Disclosure Statement. Disclosure of your social security number is mandatory. Your social security number will be used exclusively for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code and compliance with 8 U.S.C. sections 1621, 1641, and 1642. Have you previously applied for registration as an REA? YES NO 7.

Section 2 - Education

To qualify for registration, the California Health & Safety Code section 25570.3(c)(1) requires that an REA II possess a bachelor of science degree from an accredited college or university in a physical or biological science, engineering, or a related field. Please indicate your qualifying degree. You may be asked to supply transcripts to enable OEHHA to determine if your degree meets the statutory and regulatory requirements.

1. Please list your degree(s) and indicate which degree meets the qualifications for REA II registration:

Name of Institution	Field of Study	Degree	Year	Qualifying
		Received	Graduated	Degree?

Please provide a copy of each degree/diploma.

ring, please indicate

You may use the "Optional Statement of Qualification" to explain how your degree qualifies you for registration (see Section 7).

3. Applicant's Licenses/Certifications/Registrations:

List state certifications, licenses, registrations or certifications by a nationally recognized professional association in a physical or biological science, engineering or related field. (Attach additional sheets if necessary) If you are an REA I, you may skip this Section.

License/Certification/ Registration Name	Registration #	Awarding Agency	From/To (Month/Year)

4. Criminal/Civil Record:

7.27

Have you ever: been disbarred, suspended, reprimanded, censured, disqualified or otherwise disciplined as a member of any profession or holder of any public office? Yes No | | (ii) voluntarily surrendered a professional license or certification. or had one denied, revoked or suspended? Yes No been the subject of professional disciplinary proceedings? Yes [(iii) No (iv) been convicted of a crime, including a felony or misdemeanor involving an act of moral turpitude? (Conviction of a crime includes a plea or verdict of guilty or a conviction following a plea of nolo contendere.) Yes No | knowingly made a false statement regarding a material fact in (v) connection with an application for registration? No \square Yes (vi) had a civil judgment against you for professional errors, negligence, incompetence or professional malpractice in the conduct of your business? Yes No | | had a civil judgment against you for an action involving fraud, (vii) deceit, misrepresentation or forgery? Yes No If you answer yes to any question, explain the circumstances, in detail, on a separate sheet and include date, location, plea, penalties, and current status. Section 3 - Areas of REA I Expertise If you are not currently registered as an REA I, please check each area of REA I expertise that applies to you. 7.01 Air Emissions Prevention, Monitoring and Control 7.03 **Emergency Preparedness and Response** 7.12 Surface and Groundwater Contamination Prevention, Monitoring and Control 7.15 Small Generator Waste Reduction, Recycling, Treatment and Disposal 7.21 Occupational Health and Safety Reviews 7.23 Risk Assessment and Risk Reduction Recommendations 7.25 Assessment of Soil Contamination

Underground Tank Checks and Removal

Section 4 - Professional-Level Environmental Experience

Health and Safety Code section 25570.3(c)(2) requires that an REA II have a minimum of eight (8) years of professional-level environmental experience, acquired within the last ten (10) years, of which four (4) years shall be professional-level site mitigation experience acquired within the last 6 years.

"PROFESSIONAL-LEVEL ENVIRONMENTAL EXPERIENCE" means that all of an REA II's professional experience must be experience applying scientific or engineering principles in a physical or biological science, engineering or related field. This experience includes instances where the REA II's conclusions formed the basis for reports, studies and other similar documents. Professional-level environmental experience shall be in positions in which scientifically supportable technical decision-making, as well as professional responsibility and integrity are demonstrated with minimal supervision.

(California Code of Regulations, Title 14, Chapter 3, section 19030) Also, please see the California Code of Regulations, Title 14, Chapter 3, section 19033 (e) for additional definition of "professional-level environmental experience."

In the next two subsections, please describe your experience in positions and projects, which qualify as professional-level environmental, and site mitigation experience. Please remember that your professional-level environmental experience must total to eight (8) out of the last ten (10) years, and your professional-level site mitigation experience must total to four (4) out of the last six (6) years.

4.a - Professional-Level Environmental Experience: <u>Position</u> <u>Descriptions</u>

Please provide the following information for each position you describe (*Minimum eight [8]* year's experience obtained during the last ten [10] years.). Use a separate sheet for each position. Use the Position Summary, Section 4.b, to summarize and total your professional-level environmental experience

Posi	ition Number (must correspond with position number on summary, Section 4.b):
Posi	ition Title:
	ition Description:
Posi	ition Duration: Start Date: /(mo/yr) End Date:/(mo/yr
Emp	oloyer Name:
Emp	oloyer Address:
Emp	oloyer City: State: Zip:
Sup	ervisor Name: Supervisor Telephone No.
	s position less than an average of thirty (30) hours per week? Yes No ss, average hours/week:
Field	d(s) of expertise for this position:
	each position described, please answer the following questions as completely as possible separate page:
1.	Describe the environmental, scientific and engineering fields that your work involved.
2.	Describe how your work involved the application of scientific or engineering principles.
3.	Describe your conclusions and the methods by, or form in which, you communicated them.
тот	AL PROFESSIONAL-LEVEL ENVIRONMENTAL EXPERIENCE: Years/Months

4.b - Professional-level Environmental Experience: <u>Position</u> <u>Summary</u>

Please list each position you held during eight (8) out of the last ten (10) years for which you are claiming professional-level environmental experience. List the position title, dates you held that position and total the elapsed time at the bottom.

Position Number	Position Title	Dates in Position (mo./yr. to mo./yr.)			Elapsed Time in Position (yrs./mos.)
1		/	to	/	/
2		/	to	/	/
3		/	to	/	/
4		/	to	/	/
5		/	to	/	/
6		/	to	/	/
7		/	to	/	/
8		/	to	/	/

Please attach separate sheets if necessary

TOTAL PROFESSIONAL-LEVEL ENVIRONMENTAL EXPERIENCE:	
	Years/Months

Section 5 - Professional-Level - Site Mitigation Experience

"PROFESSIONAL-LEVEL SITE MITIGATION EXPERIENCE" means supervisory or project management related experience obtained through managing or supervising scientific or engineering staff who are conducting multimedia investigations, assessments, and cleanup work at hazardous substance and hazardous waste sites. Such experience must be of a professional-level and indicative of an REA II's competence to conduct investigation, assessments and remedial work and/or to render opinions regarding investigation, assessments, and remedial work at response action sites. Professional-level site mitigation experience shall be in positions in which the applicant evaluated and selected scientific or technical methodologies for conducting assessments, contaminants, or removals at sites; supervised or coordinated other professionals in the conduct of scientific and technical tasks necessary to complete assessments, containments, or removals; and drew scientifically supportable technical conclusions, made recommendations, and issued opinions based on the results of assessments, containments, or removals.

(California Code of Regulations, Title 14, Chapter 3, section 19030) Also, please see the California Code of Regulations, Title 14, Chapter 3, section 19033 (f) for additional definition of "professional-level site mitigation experience."

5.a - Professional-Level Site Mitigation Experience - <u>Position</u> Descriptions

Please provide the following information for each position you describe *(minimum four [4] years experience acquired within the last six [6] years)*. Use a separate sheet for each position. Use the Position Summary, Section 5.b, to summarize and total your professional-level site mitigation experience.

Posi	Position Number (must correspond with position number on summary, Section 5.b):						
Posi	Position Title:						
Posi	ition Description:						
Posi	ition Duration:	Start Date:	/	(mo/yr.)	End Date:	/	(mo/yr.)
Emp	oloyer Name:						
Sup	ervisor Name:						
Sup	ervisor Telephone I	Number:					
Was	s position less than	an average of thirty	y (30) h	ours per week	? Yes	No	_
If ye	s, average hours p	er week:					
1.		responsibilities relacts and how they w					ent or
2.	scientific or techni containments and	you were personal cal methodologies for remediation at spassis for the selection	for consites. D	ducting invest	gations, asse	ssments	5,
3.	Describe your experience with regard to risk and exposure assessments.						
5.	coordinated while sites. What level	tions and levels of conducting investion of authority and coams you coordinat	gations, ntrol did	assessment, d you assume	containments	or reme	ediation at
6.	position. Specification the extent to which	s of responsibility a ally, describe the ty h you used those o ats regarding action nmendations.	pe or conclusion	ategories of co	onclusions that recommendat	nt you re tions to	ached,
	Number of Years	and months in this	Position	າ:/_ Years	/Months		

5.b - Professional-Level Site Mitigation Experience: <u>Position</u> Summary

Please list each position you held during four (4) out of the last six (6) years, for which you are claiming professional-level site mitigation experience. List the position title, dates you held that position and total the elapsed time at the bottom.

Position Number	Position Title	Correspondin g Project Numbers	Dates in Position (mo./yr. to mo./yr.)	Elapsed Time in Position (yrs./mos.)
1			/ to /	/
2			/ to /	/
3			/ to /	/
4			/ to /	/
5			/ to /	/
6			/ to /	/
7			/ to /	/
8			/ to /	/

Please attach separate sheets if necessary

TOTAL PROFESSIONAL-LEVEL SITE MITIGATION EXPERIENCE:	Years/Months
	i Gais/Months

5.c - Professional-Level Site Mitigation Experience - <u>Project</u> <u>Descriptions</u>

Please describe the specific projects, which you worked on while in the positions described in Section 5b. Project Title/Name: Project Description: Position Duration: (mo/yr) End Date: / Start Date: / (mo/yr.) Project Client: Project Objective: ☐ Assessment/Investigation ☐ Containment ☐ Removal Remediation Other ____ Did subsurface investigations occur during this project? Project Information: 1. Address Name Phone Number Employer: Supervisor

- 2. For each project, please provide the following information:
 - a. Describe how you applied technical knowledge and skill in one or more of your fields of expertise to this project.
 - b. Describe how you evaluated and applied relevant regulations to this project.
 - c. Describe the nature and extent of the environmental conditions associated with the project. Please list the contaminants and contaminated media encountered.
 - d. Describe what, if any, remedial actions were taken for each project and the extent to which you were involved in the selection and implementation of these remedial actions.
 - e. Describe the extent to which you were involved in this project either as a member of a team or the supervisor or project manager.
- 3. Describe the extent to which you were a principal decision maker for this project. In answering, please describe your overall role in the project, including a description of your conclusions and recommendations, and the method by, or form in which you communicated them. Please attach a copy of this communication. Remove client sensitive confidential information, as needed.

Section 6 – Technical Writing Sample

Provide one technical writing sample (e.g., risk assessment, sampling plan, remedial plan or other technical document). Do not submit more than one volume. Remove client sensitive confidential information, as needed.

Section 7 - Optional Statement of Qualifications

In 250 words or less, you may provide additional information to demonstrate that you meet the requirements for registration as an REA II.					

Section 8 - References

Provide the full name, place of employment, address and telephone number of four references with professional-level site mitigation experience. At least one reference shall be from a qualified representative of a lead agency with regulatory authority over cleanup work at a hazardous waste or hazardous substance release site at which you acted as project manager. None of these references may be related to you by birth or marriage. References must be your current or past employers, clients or a professional colleague at an equal or higher level, and must be able to attest to your technical competency, professional integrity/ethics and knowledge of environmental statutes, regulations and practices.

Name:			
Address:			
Telephone No.:			
Name:			
Telephone No.:			
Name:			
Telephone No.:			
Name:			
Telephone No.:			
	Company:	Company:	Name: Company:

Section 9 - Acknowledgement

Any person willfully providing false information may have his or her application denied. The applicant hereby certifies that he/she has read and understands the foregoing statement and that all information provided herein is accurate and truthful.

I declare under the penalty of perjury under the laws of the State of California that the information contained in this application, as well as any other documents submitted in support of this application, is true and correct.

Applicant's Signature:	Date Executed:
Applicant's Printed Name and Title:	Executed in the County of:

Section 10 - Authorization for Payment by Credit Card

Registered Environmental Assessor (REA) - Class I/II Programs AUTHORIZATION FOR PAYMENT BY CREDIT CARD

Payment for REA II Application and/or Registration Fee	
REA Number:	Amount Authorized \$
Name:	Charge my:
Address: State: Zip	Visa Master Discover/ American Express
Telephone Number:	Card # Exp. Date: /
Name imprinted on credit card:	*Cardholder Signature Required:
	Date:

No refunds will be issued for Application Review Fees

^{*}No credit card payments may be authorized unless the cardholder's signature is present and has been dated.

INFORMATION COLLECTION, ACCESS AND DISCLOSURE STATEMENT

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

AGENCY NAME:

California Environmental Protection Agency, Office of Environmental Health Hazard Assessment (OEHHA),
Registered Environmental Assessor (REA) Program

TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:

Deputy Director Regulatory, Outreach and Support Programs

ADDRESS:

301 Capitol Mall, 2nd Floor, Sacramento, CA 95814-4327

TELEPHONE NUMBER:

(916) 324-6881

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:

Section 25570.3, Chapter 6.8, Division 3, of the State Health and Safety Code.

THE CONSEQUENCES OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION:

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

THE PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED:

The information requested will be used to determine qualifications for registration and compliance with section 11350.6 of the Welfare and Institutions Code, and compliance with 8 U.S.C. sections 1621, 1641, 1642.

ANY KNOWN OR FORESEEABLE DISCLOSURES WHICH MAY BE MADE OF THE INFORMATION:

Your completed application becomes the property of the agency and will be used by authorized personnel to determine your eligibility for registration. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code Section 6250 et seq.) and the Information Practices Act (Civ. Code Section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

SOCIAL SECURITY NUMBER DISCLOSURE

Disclosure of your social security is mandatory. Your social security number will be used exclusively for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, and compliance with 8 U.S.C. sections 1621, 1641, 1642.

Individuals have the right to review their own files or records maintained by the agency, unless the records are exempt under Section 1798.40 of the Information Practices Act. You may gain access to the information by contacting the REA Program at the above address.